Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by North West Parents and Friends Association of Mentally Handicapped Children
Centre ID:	OSV-0001933
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association of Mentally Handicapped Children
Provider Nominee:	
Lead inspector:	Bronagh Gibson
Support inspector(s):	Eva Boyle;
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 November 2015 09:15	25 November 2015 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre. The purpose of this inspection was to inform a decision to register the centre.

The centre was part of the North West Parents and Friends Association in Sligo/Leitrim. It provided a respite service to children with a mild to profound intellectual disability, Autism and physical and sensory disabilities within the Sligo Leitrim West Cavan catchment area. The inspection was carried out over two days. As part of the inspection the inspectors met with the services manager, the clinical nurse manager 2 (CNM 2) who was the person in charge, staff and a service user. Inspectors observed practice, and reviewed documentation such as personal plans, policies and procedures, staff files and other reports.

The centre provided respite care for up to three children at any one time, and there were four children availing of the service at the time of the inspection. Therapeutic supports were provided to the children by a Community and Primary Care Team that included, physiotherapists, occupational and speech and language therapists. The centre worked collaboratively with these professionals to ensure specific programmes of care for individual children were implemented.

Inspectors found that children were well cared for by centre staff and that their care was well planned. There were improvements to practice since the last inspection and this meant that children's needs were adequately assessed and assessment findings informed their personal plans. There was a system in place to review personal plans and consultation with parents and other key stakeholders as part of the planning process had improved. The pre-admission assessment process needed to be revised to ensure it was timely and that the centre only admitted children it had the capacity to cater for.

The centre was well managed on a day to day basis, and the management structure in place provided clear lines of accountability and responsibility. Management systems had improved in the centre and this included the development of new and revised policies, increased monitoring and quality assurance of practice, more robust reporting systems throughout the service and better management of risk. The statement of purpose and function required amendment to ensure it accurately reflected practice and clearly stated the criteria for admission. Improvements were required in relation to the determination of the resources required to run the service based on the revised statement of purpose and function.

The centre was staffed by a core team that also worked across other elements of the service, and this was well managed to ensure stability of care to children. Staff training had improved and core training was provided to the staff team. It was evident in various records and systems, that the centre was viewed and presented as part of a bigger service and not as a designated centre in it's own right. This meant that some centre records did not always accurately reflect the centre, but the overall service. This required review and change. There was a recently approved policy on the provision of supervision to staff but the process of providing formal supervision had not begun in the centre.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The rights and dignity of children were promoted through systems, policies and procedures for practice that acknowledged their diverse needs and their right to be consulted and participate in decisions about their care. There was a need to consistently record the outcome of all complaints and to identify a broader range of independent advocates for children. Staff required guidance on access to children's records and the use of confidential sections in children's files and consent forms needed to be obtained and held on children's files.

Centre practices and processes, such as the comprehensive needs assessment and the development of personal plans, focused on children's individual needs and rights. Staff interviewed demonstrated a satisfactory knowledge of children's rights and their responsibility to promote them. They described various methods used in everyday practice to ensure children could make choices about their day to day care. Inspectors observed that a poster on children's rights was displayed in the centre's hallway and this clearly highlighted children's right to be involved in decisions about their life. Centre records showed that children were provided with information about their rights in a format that was accessible to them. The centre's statement of purpose and function promoted children's right to safety, choice, consultation and participation.

The centre acknowledged children's right to participate in their community. Records showed that although children were not active in any local groups, they were brought on activities to local restaurants and play areas. Inspectors observed one child being prepared for a trip to the local hairdressers, and there was a collection of pictures to support children choose community based activities. One child spent every weekend in the centre and as such, there was a need for staff to research ways and opportunities to

promote children's right to participate and be included in local community life in a meaningful way.

On a walk around the centre, inspectors found that each child was allocated a bedroom that provided enough space for them to relax in private and store their belongings safely. Staff interviewed said that children could have private time in their rooms as appropriate. This was a respite service and as such, children did not receive many visits from family. However, there was enough space in the centre to facilitate private visits if they occurred.

The centre had a policy on the provision of intimate care and inspectors found that this promoted practices that would ensure children's needs were met in a dignified and private way. Bathrooms could be accessed by children alone if they did not require assistance from staff but in the event that they did require support, this was provided in line with their intimate care plans. Parents who completed questionnaires said that they were satisfied their child's rights were promoted and that respect for their child's privacy and dignity were very important to them.

Children's files did not hold signed consent for various supports and care such as medical care, participation in activities and sharing of information. The centre manager said that these would be obtained for each child.

There was a complaints policy and process in place and this was displayed in the centre. The centre had a policy on complaints and a procedure through which they would be recorded, reported, investigated and appealed. The aim of the centre was to resolve complaints in a timely way. There was a system in place to monitor and review complaints on a regular basis for the purpose of service improvements. There was a complaints officer for the service. There were five complaints made since December 2014. Inspectors found that they were managed in line with centre policy and in a timely way. The centre's complaints log did not clearly or consistently record the outcome of each complaint. Parents said they were confident in the complaints system and knew who they could make a complaint to.

Each child had an individual file and some files had a confidential section that was held safely by the person in charge. However, staff and managers were unclear about what constituted confidential information. In addition, staff interviewed provided different accounts of whether children and their parents/guardians could access information written about them generally, without having to make a freedom of information request.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had systems and processes in place to support and assist children to communicate effectively. Inspectors were provided with the centre's communication policy. This was found to consider the age and ability of children that may mean they require specific assistance and support to communicate at all times. Records showed that each child's communication needs were assessed and a communication passport was in place for each of them. There were various types of communication methods in use in the centre that included a good use of pictures, sign language, objects of reference, visual boards and touch. Inspectors observed staff using most of these methods with one child who did not use language. Children had access to various types of media such as television, music systems and popular literature. Inspectors saw magazines placed in communal areas for the children. Information for children was presented in a way that was accessible to them.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre supported children to socialise and maintain personal relationships and family contact was promoted.

The centre had a policy on visitors that encouraged visits and ensured facilities were provided for this purpose. This centre provided respite care and staff said that it was unusual for visits to take place during a short respite break. However, on a walk around the centre, inspectors found that there was enough space to ensure visits could take place in private if they occurred.

The centre was laid out in a way that promoted socialisation and play. There was a communal kitchen/dining room and a sitting room that was stocked with various toys. Inspectors observed staff playing music and singing with a child who responded happily

to this social interaction. Community-based activities were part of children's daily lives and included trips to the shops, restaurants and swimming pool. Some children were facilitated to attend a local disco on occasion. The staff said that the current children had availed of the service for a long time and were familiar with each other and that some had become friends.

Inspectors found that planning and decision-making processes for children was inclusive of parents/guardians. Personal plans and centre records reviewed by inspectors showed that the staff team had regular contact with family members face to face, by phone and in writing. Parents attended meetings that were held about their children. This supported children to maintain relationships whilst in the centre.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The criteria for admission to the centre were not clear and although there was an admission process, it did not fully include the centre. Contracts of care were in place for each child but they required revision.

The statement of purpose and function stated that all referrals to the service were to be made through Health Service Executive (HSE) West referral committee and were contingent on the necessary supports being made available for the child. The managers described an admission process that meant a child's suitability for a placement was determined by the HSE. Once a child was identified as suitable, assessments, reports and a primary risk screening were to be provided by professionals involved with the child. The centre was not involved in this part of the process and this meant that the risks to or by other residents could not be assessed. Centre managers told inspectors that although no children had been admitted since this revised process was put in place, there was a possibility that the centre may withdraw a placement after a child had been admitted, due to a lack of capacity to meet their needs. The pre-admission process required review.

The criteria for admission was not clearly stated in the centre's statement of purpose and function.

Inspectors found that contracts of care were in place for each child. However, these contracts stated that it may be necessary from time to time to provide respite care from a different location. The services manager and the CNM 2 agreed that this was not appropriate and this was to be removed from the contracts.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Planning for children was based on assessments of need which supported children to reach their potential and have their social and health care needs met.

There were no admissions to the centre since their assessment processes had been revised, but inspectors found that there was a process in place to assess the health and social needs of children on admission. Staff told inspectors that this assessment would inform their personal plan. There was a comprehensive assessment template in place to support staff to carry out full assessments of need.

Since the last inspection, the centre had carried out a comprehensive assessment of the needs of the children currently availing of the service. Inspectors reviewed a sample of these assessments and found that they adequately assessed their health, personal and social needs. The process was consultative and included input from parents, centre staff and professionals such as occupational health and speech and language therapists. Specialist assessment reports were on file for children who required them.

Personal plans were developed for each child and correspondence on files showed that they were provided to children and their families in an easy to read version. Plans reviewed by inspectors were written in an easy to read version and there was good use of pictures for children who could not use language. Personal plans clearly indicated

children's personal choices and preferences. Although they were of good quality, they could be improved upon through the identification of short, medium and long-term goals that could be measured easily. There was a built in review process and records showed that there was a multi-disciplinary approach to the review process and children and their families were consulted. Reviews were carried out for all children availing of the service since the last inspection. Parents who completed questionnaires said that they were consulted as part of the planning process and that they were satisfied that these plans reflected the needs and wishes of their children.

There was a process in place for planning the transition of children in and out of the service. As this was a respite service, the centre had input into planning for children in this regard. Records showed that children were referred to adult services and once a placement was identified a plan was to be developed. Plans were in the process of being developed for some of the children in the centre.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was adequate for the provision of short-term respite care placements and could facilitate one wheelchair user at any one time. It was located in a community that provided children with access to local amenities and activities such as parks, shops, swimming pool and cinemas. The centre had limited outdoor facilities for children, but this was adequate considering the short time each child stayed there on any one respite break. There was a front garden that faced onto a busy road and meant that staff had to be vigilant at all times when children were outside. There was a courtyard area at the rear of the building.

The centre was a single storey premises that was well decorated and homely. There were four bedrooms, one of which was a staff sleepover room. Children who availed of the service had a private bedroom during their stay. On a walk around the centre inspectors found that bedrooms were large enough to hold children's belongings and provided them with plenty of space to move around. They were equipped with various types of equipment such as hoists, to suit the children's needs. There was a

kitchen/dining room that was of a good standard. It was accessible and well stocked, and a colour-coded system was in place in relation to food hygiene and safe cleaning practices. There were two bathrooms, one of which was refurbished following the last inspection into a wet room. Managers and staff said that children had benefited greatly from this upgrade. Bathrooms were found to be well equipped to support children who required assistance with personal care.

Inspectors found that the main corridor of the centre was wide enough to facilitate one wheelchair user and allowed them space to move around. However, the width of the corridor did not provide enough space for more than one wheelchair user, as their movement would be curtailed and may potentially pose various risks to their safety. This was acknowledged by centre managers and the statement of purpose and function was recently revised to reflect this limitation. This is discussed further under Outcome 13.

The was no clinical waste generated in the centre at the time of the inspection.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The health and safety of children, visitors and staff was promoted but required improvement.

The centre had a number of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. This included a policy on risk management, visitors and workplace aggression. Inspectors were provided with a copy of the risk management policy and found that it was revised since the last inspection and met the requirements of the regulations.

There was an adequate policy on health and safety. Inspectors were provided with an up-to-date and site specific health and safety statement. Health and safety audits were carried out annually and monthly thereafter. Records showed that the centre's annual health and safety audit was not sufficient as it did not identify controls to manage risks. This was acknowledged by the centre manager.

There were procedures in place to assess, notify and analyse risk in the centre and

these were beginning to take hold within the organisation. The services manager told inspectors that there was a quality safety and risk management (QSRM) committee and a health and safety committee that informed how risk was identified and managed in the centre. Meeting minutes showed that these committees met independently and risks identified by the health and safety committee were brought to the QSRM meeting. The QSRM reported to the board of directors in relation to identified risks. Board meeting minutes showed that significant risks were discussed and placed on the corporate risk register. Inspectors were provided with a copy of the centre's risk register and found that it contained an adequate account of risks in the centre. Risk registers were categorised in terms of risks related to service users, centre equipment, facilities, restrictive practices and so on. Risk assessments were on file in relation to the majority of risks in the centre and they were of good quality. However, there was no risk assessment of the location of the centre on a busy road, and the potential risks this posed. The centre had a safety folder and relevant phone numbers were recorded to assist staff in times of an emergency.

On a walk around the centre, inspectors found that risks and hazards identified in the last inspection had been addressed. This included installation of grab rails in bathrooms and hot water temperature was at 38.4 degrees. Infection control measures had also improved and inspectors observed that a colour coded mop system was put in place for all areas of the centre. Centre records showed that cleaning schedules were in place and their implementation was audited regularly. Staff told inspectors that cleaning duties were part of day to day staff tasks. Inspectors observed that the centre was clean and tidy. There was no clinical waste generated by the centre at the time of the inspection and an arrangement was in place with local hospital in relation to disposing of sharps. There was a contract in place in relation to pest control and records showed that visits were carried out six times per annum. The centre did not generate any clinical waste at the time of the inspection. Inspectors found that lids were not always placed on refuse bins in the centre's kitchen. There was an adequate number of bathrooms and washing facilities, and a wet room had been installed since the last inspection. Hand sanitation liquids and signage were strategically placed around the centre and staff were trained in hand-hygiene and food safety.

There were improvements to recording of maintenance requirements and responses by the centre. Inspectors found that there was a written record of all maintenance requirements which recorded when completed. On review, inspectors found that responses to maintenance issues were prompt.

There was an emergency planning policy for the centre but the centre's emergency/contingency plan did not identify the location to which the centre was to evacuate. The centre took precautions against fire and although there were identified risks related to the evacuation of wheelchairs users, controls were identified to address these. Personal evacuation and emergency plans were in place for each child. Centre records showed that fire drills and evacuations were carried out regularly but none had taken place at night. Staff said that this would be useful to ensure they could evacuate a wheelchair user safely. A risk assessment of the centre's location on a busy road was required, and once carried out, this should inform any risks in relation to the safe evacuation of children and staff. Inspectors found that the centre had fire fighting equipment and a check of this equipment showed that it was last serviced in August

2015. There was signage in relation to fire procedures and the fire assembly point was clearly identified. Fire alarms and emergency lighting were last serviced in November 2015. Daily checks of fire equipment/emergency lighting were carried out and records of these checks reviewed by inspectors were up to date and practice was regularly audited.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were measures in place to safeguard children and protect them from abuse.

The centre had a suite of policies and procedures that guided staff and the service in the provision of safe care. They included policies on lone working policy, staff recruitment, managing allegations about staff members, data protection and staff supervision. Staff interviewed were aware of these policies and the vulnerabilities of the children they cared for.

The centre had a policy on child protection. This was reviewed by inspectors and found to be in accordance with Children First (2011), and it was cross-referenced with other relevant policies that promoted children's safety. There was a child protection steering group in place to make sure child protection policies and procedures were adequate and up-to-date. Staff interviewed were aware of centre policies and demonstrated a good knowledge of what constituted abuse. Training records showed that staff were trained in Children First (2011). However, specific training for designated liaison person's was awaited from the Child and Family Agency. Records provided to inspectors showed that there was a system in place to record and report incidents of children going missing from the centre and staff interviewed were aware of this. The centre had risk assessment templates to be completed in order to manage risks to children. Access to the centre was managed safely. The centre was only accessible with a key and a visitors book was introduced during the inspection period.

There was a process in place for recording and reporting child protection and welfare concerns and this was clear to all staff. There were two identified designated liaison persons (DLP) as per Children First (2011) and staff were aware of who these staff members were. There was one child protection concern reported by the centre in the year prior to inspection. This was managed appropriately. Inspectors were provided with policies and procedures in relation to allegations about a staff member and these were found to be adequate. Managers and staff interviewed were clear about these policies and procedures.

There was a procedure in place to hold children's money safely during their stay. The centre manager told inspectors that children brought pocket money with them from home. Inspectors observed that this money was held securely and staff kept a record of all money spent and what it was spent on. Regular audits, both internal and external were in place to ensure accurate records were kept.

There were several policies and staff guidance on the provision of intimate care. They were found to provide adequate guidance to staff on delivering intimate care to children in a sensitive way that promoted their dignity and privacy, whilst encouraging independence where appropriate. Intimate care plans were in place for each child who required one and those reviewed by inspectors were found to be of good quality. Parents were consulted in the development of these plans and records showed that they were reviewed regularly.

The centre had a policy on managing behaviour that was found to be adequate. Records showed that all but two staff were trained in a model of behaviour management and training dates were awaited for these staff. Staff interviewed said they were confident in the use of this model. Centre managers told inspectors that a support system was in place for children from the HSE West primary care team in relation to managing behaviour. Records showed that functional assessments were carried out in relation to children which identified behaviours of concern such as self injurious behaviour, their frequency and intensity. Behavioural support plans were in place for children who required them and they were found to outline strategies staff could use to manage behaviours of concern. Positive behaviour plans were reviewed regularly to ensure their effectiveness.

There was a policy on restrictive practices that was found to be adequate. There were restrictive practices in the centre that were well recorded and included the use of lap belts, bed rails, locking of doors on occasion and all physical interventions by staff. Managers and staff said that external doors may be locked when a staff member was alone with a young person and required a comfort break. Although this was not ideal, records showed that they were for very short intervals and measures were recently introduced to prevent this happening. There was system in place to audit all restrictive practices in the centre and records showed a significant reduction in some practices following these audits. Inspectors found that the centre was committed to recording and reviewing all restrictive practices, but records showed that staff were sometimes unclear what constituted a restrictive measure, which resulted in over-reporting.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were adequate systems in place to report incidents and accidents. However, the centre did not inform the Authority on a six monthly basis when no notifiable incidents had taken place.

The centre had adequate policies and procedures in place for recording and reporting incidents that may occur in the centre. Inspectors reviewed recording and notification systems in place. They were found to include notification to the Chief Inspector under the regulations. Managers interviewed demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents. However, designated centres are required to notify the Authority on a six monthly basis when no notifiable incidents have taken place. Centre managers had not made these returns to the Authority.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre supported children to receive an adequate education and/or training, and experience everyday life in a manner similar to their peers. Inspectors were provided

with a policy on supporting children to achieve educational goals. Managers and staff told inspectors that children attended school and school reports were held on children's files. Inspectors observed one child coming to the centre from school and although they did not use language, they responded with smiles and body gestures when staff talked to them about their day in school and their teacher.

The centre's statement of purpose and function clearly stated that its objective was to provide opportunities for children to participate and experience community life and to promote socialisation. Staff told inspectors that significant preparation was underway to support children to gain new experiences in their everyday lives and to expand their integration into the local community. Records showed that staff took children to local amenities such as the park, swimming pool and restaurants. Children were brought to local discos on occasion. One child was preparing for a trip to the local hairdressers, as the one in their home location could not facilitate a wheelchair. The child appeared excited and happy about the prospect of this trip.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had systems in place to identify and plan for children's healthcare needs.

The centre and service manager told inspectors that the children referred to the service were known to the HSE West. They said that children's healthcare needs were assessed and known to the centre prior to admission. The centre had processes in place to carry out their own assessments of children's healthcare needs once they were admitted. Nursing assessments were carried out by centre staff nurses and these were found to be on file for each child. Needs identified by both the HSE West and the centre informed personal plans for each child to ensure they enjoyed the best possible health on an individual basis. Inspectors reviewed various assessments and plans in relation to children's healthcare needs and they included meeting their nutritional, dietary, hydration and medical needs. There was evidence of visits to the centre and reports from speech and language and occupational health therapists. Records showed that recommendations made to the centre following these visits were implemented by staff. The centre manager told inspectors that children could attend their own general practitioner (GP) while they accessed the service if this was practical, and there was a

local GP service to deal with any healthcare needs or emergencies that may arise when children could or did not want to attend their own GP.

The nutritional needs of children were considered in their personal plan and any assistance they required was catered for. The centre had policies on nutrition and food hygiene and assisted feeding. Inspectors observed one child being admitted to the centre with the food supplements they required and staff administering these. Inspectors were provided with menu planners for the centre and found that children were provided a balanced and nutritional diet. There was also an acknowledgment that the majority of children were on an occasional weekend break and treats were also provided from time to time.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were safe systems and processes in place to manage medication. This was an improvement since the last inspection of the centre.

There was a suite of comprehensive policies and procedures on medication management that guided staff practice. Inspectors reviewed the centre's policy on the management of medication and centre-specific procedures for prescribing, administering, recording and safe storage of medication. These were found to meet the regulations. On a walk around the centre, inspectors found that there was a suitable, locked storage facility for medication. The centre manager and staff told inspectors that due to the nature of the respite placements, prescriptions may be held in the centre for the duration of a child's stay and no medication was held for a child between respite episodes. Inspectors observed staff recording and storing incoming medication at the time of one child's admission. There was a suite of recording sheets for staff on administering medication and on prescribed medication. Inspectors reviewed these and found that they were adequate in that they were completed and contained all relevant information, such as the name of the prescribing doctor.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre's statement of purpose and function required improvement.

The centre had a statement of purpose and function that stated it provided short respite care to three children on any given night. It described the ethos of the centre and its facilities. The statement described the centre as providing a day service, but managers told inspectors this was not the case. There was a facility for emergency admissions, but managers were unclear if this was exclusive to children currently availing of the service. The statement of purpose and function contained information about current residents that was unnecessary and did not adequately set out the criteria for admission to the centre.

On a walk around the centre, inspectors found that the premises was suitable for one wheelchair user at any given time. Although the statement of purpose was revised it did not accurately reflect this limitation. Inspectors observed that there was a front garden that faced onto a busy road and that the premises was located on a larger campus with staff and centre cars entering and exiting regularly. This limited the outdoor facilities for children. As such, inspectors found that the centre's function should remain as a respite service and not be amended in the future to cater for full-time residential care placements.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a clearly defined management structure for the centre but quality assurance and accountability for practice required improvement.

The centre was managed by a CNM2 who was the person in charge. S/he reported to a services manager who in turn reported to a board of directors. The CNM2 and the services manager were also responsible for the delivery of other services provided by the organisation. The CNM2 was found to be suitably qualified and experienced to manage the centre. The CNM2 provided good leadership and was very familiar with all aspects of the needs and care provided to the children accessing the centre. The CNM2 demonstrated a good knowledge of the standards and regulations and their role in relation to the legislation.

Inspectors found that there were clear lines of accountability throughout the service, but formal supervision of staff had yet to be implemented. The service manager reported to the board of directors on average six times a year. Inspectors reviewed a sample of these reports for 2015 and found that they included for example, updates on meeting regulations and implementation of action plans following inspections, progress in meeting performance targets, risk management, budget and fundraising, annual reports, operational planning and staffing. Minutes of several board meetings showed that the agenda included discussion and actions in relation to the corporate risk register, corporate risk management, policy and procedures for board approval, annual reporting, finance, service level agreements and corporate governance. The service manager had systems in place to hold the person in charge to account for service delivery. Minutes of monthly meetings between the service manager and person in charge showed that they were held to account for the centre's budget, local service planning, risk management and meeting key performance indicators.

The centre manager and staff told inspectors that staff were held to account for their day to day practice through observation of their practice and auditing of records and reports they produced. There was an annual staff appraisal process in place and records of completed appraisals were found on a sample of staff files reviewed by inspectors. Staff interviewed confirmed that annual appraisals took place. Since the last inspection, a formal supervision policy was developed but had yet to be implemented. Inspectors reviewed this policy and found that it promoted a balance between providing accountability for individual staff practice and the on-going development of staff performance. However, staff continued to be held to account informally by the centre manager.

The centre manager had systems in place to monitor and quality assure practice, but this was not always evident in centre records. There was an audit bank developed for

the centre and audits were carried out, sometimes by staff, on a weekly, daily and monthly basis. Staff told inspectors that they carried out these audits and presented their findings by way of corrective actions in an action plan.There was an audit plan in place for 2015 that included fire safety practice, health and safety, medication management, documentation, pocket money management, housekeeping and cleaning, person centred plans and records of policies for the centre. All audits were reviewed monthly by the centre manager for learning and improvement. Records showed that action plans were developed from the auditing process and copies of these plans were provided to the services manager for oversight. The centre manager said that they checked various reports such as daily planning and children's daily reports, but these quality assurance mechanisms were not recorded.

There was an on-call system in place to support staff out of hours. The centre manager set the centre rota and could authorise additional staff if required to ensure children's needs were met. Communication across the team was dependent on good quality handovers and written records in a communications book, but staff meetings were not routine. Staff interviewed said that they were informed of whatever they needed to know on a shift by shift basis, but there was no formal team forum at which children or items specific to the centre were discussed regularly at a team level.

Risk was well managed in the centre and there were adequate reporting systems in place to ensure managerial oversight of risk at a local and corporate level.

There was a system in place to identify key priorities for the service which informed operational and corporate plans. Inspectors were provided with a copy of the operational plan for 2015. This was reviewed in June 2015 and articulated priorities for the service such as staff supervision, staff training, refurbishment, managing behaviour that challenges and appraisals for staff. There were clear timeframes and actions within the plan. There was a quality improvement plan for 2012-2016 for the overall service which identified 12 areas for quality improvement. This provided the service with the opportunity to identify service priorities and measure how well standards and regulations were being met on an on-going basis. The service manager told inspectors that one over-arching plan was to relocate the centre once funding was in place. Records in relation to this were provided to inspectors and this was a work in progress.

There was an annual report on the quality and safety of the service and this was provided in an easy to read format for service users and their families. This was informed by visits to the centre by the service manager and a stakeholder survey for 2015 that included consultation with service users, parents and advocates. The annual report held contained an action plan to meet findings of the provider's review of the service.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the

designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were arrangements in place to cover for the person in charge in times of absence from the designated centre. Centre managers told inspectors that in this instance, a senior staff nurse would act in their place.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The resources required by the centre were not fully determined.

Inspectors found that the centre provided a respite service to children with a mild to profound intellectual disability, Autism and physical and sensory disabilities. This was outlined in the centre's statement of purpose and function. Inspectors reviewed staffing levels and found that the resources required for the safe operation of the centre was not fully determined. For example, a sleepover staff was required but this staffing resource was not considered in the whole time equivalents for the centre. The age range of the children the centre had the capacity to cater for was not identified in the statement of purpose and function. In addition, the criteria for admission to the centre was not clear. Therefore, it was not possible for the centre manager to determine the level of experience and or training required of the staff team.

Centre records showed that the centre had the capacity and experience to provide adequate care to the children currently accessing the service. The team included a balance between care assistants and nursing staff with training and experience in intellectual disability and mental health. Training was provided to the team since the last

inspection and this meant that staff were up-skilled in areas such as child protection and the management of behaviours of concern.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre was adequately staffed to meet the needs of the children currently availing of the service. The centre operated on a part-time basis and was staffed by nurses and care assistants that worked across other services provided by the organisation on campus. The centre manager was also manager of these other services and managed the rotas for all. This meant that they had control over the deployment of staff across each service. The statement of purpose and function identified that the centre posts included one manager (CNM2),1.5 staff nurses and 3.2 care assistants. At the time of the inspection, the centre manager told inspectors that these posts were filled by five care staff and three nursing staff, some of whom worked part-time. There were eight core staff allocated to the centre and this was an improvement in terms of providing a stable and consistent service, since the last inspection.

Records showed that the hours staff worked in the centre were clearly recorded, but the rota did not reflect the actual number of staff on shift each night. The centre required two staff on shift each night to ensure the needs of children and fire safety requirements were met. The rota showed that there was one waking night staff but it did not record a second staff who slept over. The centre manager explained that the person who slept over was a staff member in another centre on campus, and was recorded on the other centre's rota. This was not adequate and the centre's rota was amended on the first day of the inspection. The requirement of a second member of staff each night was not considered in the overall number of staff required to safely operate the centre.

Inspectors reviewed a sample of staff files and found that deficiencies in vetting found in the last inspection were dealt with. Records showed that some care assistants had a

qualification in social care an others were trained to a FETAC level 5. Nursing staff records showed they were registered nurses with a qualification in intellectual disabilities. There was evidence of staff qualifications and registration with a regulatory body on file (where appropriate). Vetting was in place for all staff whose files were reviewed and the service manager and person in charge told inspectors that the process of re-vetting all staff was underway in line with Children First (2011). This was evident in staff files reviewed by inspectors.

The centre had carried out a training needs analysis and there was training provided to staff on this basis over the last year. Training records showed that staff received core training in areas such as fire safety, health and safety, food safety, child protection and medication management. There was also training in relation to children's needs such as manual handling training, training in relation to feeding and managing behaviour that challenges, heart-saver training and positive behaviour support. This was an improvement since the last inspection. The centre had tried to source training for designated person's under Children First (2011), but this was not being provided by the HSE. They were in the process of requesting this training from the Child and Family Agency.

The centre had a policy on the provision of staff supervision that was approved by the board of directors on the first day of the inspection. Staff supervision was not provided in the centre since the last inspection, but this process was to begin once the policy was approved.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had safe and adequate recording systems and templates in place regarding children accessing the service. These were reviewed by inspectors and found to be in

accordance with Schedule 3 of the regulations. Records reviewed by inspectors were found to be up-to-date, signed and dated. They were safely stored. However, some administrative records were maintained in respect of the wider service and not for this designated centre in it's own right.

Inspectors found that the centre had a comprehensive suite of policies in place that guided practice to a satisfactory standard. Some policies were recently developed and not fully implemented. The services manager told inspectors that there was a process in place to develop and approve policies and the policy on staff supervision was signed off by the board of directors on the first day of the inspection.

Inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations. Inspectors reviewed these records and found that they were of a good quality. The centre maintained a directory of residents that met the requirements of the regulations.

Inspectors found that some administrative records were maintained on behalf of the wider service and this meant that it was difficult to tell how they related to the centre. This was acknowledged by centre managers and there was a commitment to rectify this.

Inspectors were provided with a copy of the centre's insurance policy and found that it was adequately insured.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Bronagh Gibson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by North West Parents and Friends Association of Mentally Handicapped Children
Centre ID:	OSV-0001933
Date of Inspection:	24 November 2015
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff and managers were unclear about what constituted confidential information and whether children and their parents/guardians could access information written about them without having to make a freedom of information request.

1. Action Required:

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that the Confidentiality Policy and Documentation & Record Keeping Policy will be discussed at staff team meeting on 14/01/16 so that staff are clear on who can access files, i.e those working with the child, the child and their family. Private & confidential file to be renamed. Confidential information e.g. child protection issues, to be kept strictly confidential by the Designated Liaison Person. Other sensitive information will be kept separate by the manager if necessary to do so and accessed on a need to know basis by key workers . Such information may also be accessed by other agencies if there is a child protection concern. Staff have been provided with HIQA's guidance document on Information Governance.

Proposed Timescale: 14/01/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a need for staff to research ways and opportunities to promote children's right to participate and be included in local community life in a meaningful way.

2. Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that Staff in this Service research what is available in the Community in relation to advocacy, and activities and this information is available in the Service and will continue to be updated.

Proposed Timescale: 31/01/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Consent forms were not obtained for each child availing of the service.

3. Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
The registered provider has ensured that consent is now on file for each child attending the service.

Proposed Timescale: 20/12/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's complaints log did not clearly or consistently record the outcome of each complaint.

4. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The registered provider has ensured that the complaints log has been amended so that the outcome of any complaint is clearly documented.

Proposed Timescale: 02/12/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Criteria for admission to the centre was not clear.

Needs assessments were not timely and may identify that the centre could not meet the needs of a child to whom a placement was already offered.

5. Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that the admission policy will be reviewed to ensure that there is clear criteria for admission to the Service, to include that a comprehensive assessment of needs is completed prior to an offer of a placement, to ensure that the centre can meet the needs of the child.

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Prior to admission a risk assessment was to be carried out by the referrer without input from the centre. This meant that risks to or by current residents could not be adequately assessed.

6. Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that the reviewed criteria for admission will include that a risk assessment is carried out in consultation with the Service and the referrer prior to admission.

Proposed Timescale: 29/02/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care in place stated that it may be necessary from time to time to provide respite care from a different location.

7. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that contracts of Care will be revised and the statement removed that it may be necessary from time to time to provide respite care at a different location. As contracts are due for review with families commencing in February, the new contracts will be discussed and issued at that stage.

Proposed Timescale: 29/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans required short, medium and long-term goals that ensured progress could be easily measured.

8. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that Personal Plans will be reviewed and updated to ensure that short, medium and long term goals are clearly identified and measurable.

Proposed Timescale: 12/02/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's annual health and safety audit was not sufficient as it did not identify controls to manage identified risks.

There was no risk assessment of the location of the centre on a busy road, and the potential risks this posed.

The centre's emergency plan did not identify the location to which the centre was to evacuate in the event of an emergency.

9. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
The registered provider has ensured that the Annual Health & Safety Audit has been reviewed and now identifies controls to manage risks identified. A Risk Assessment is in place to identify risks associated with the centres location close to a busy road. The emergency plan now identifies to what location the centre can evacuate to in case of emergency.

Proposed Timescale: 15/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Lids were not always placed on refuse bins in the centre's kitchen.

10. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The registered provider has ensured that a new bin has been provided in the centre's kitchen.

Proposed Timescale: 24/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Centre records showed that fire drills and evacuations were carried out regularly but none had taken place at night.

A risk assessment of the centre's location on a busy road was required, and once carried out, this should inform any risks in relation to the safe evacuation of children and staff.

11. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
The registered provider has reviewed fire evacuation records with the PIC .Fire drills had been completed on 12/02/15 @ 07.10hrs and 07.30hrs, 20/02/15 @ 07.40hrs, 28/03/15 @ 07.50hrs and 12/09/15 @ 07.10hrs. These fire drills were completed by night staff and children had to be woken and evacuated from their bedrooms on these occasions. Night staff will be requested by the PIC to complete these fire drills earlier in the night in future.

Proposed Timescale: 09/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Two staff required training in a model of managing behaviour.

12. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
The PIC has scheduled training for these two staff on 28th and 29th January 2016.

Proposed Timescale: 29/01/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were sometimes unclear about what constituted a restrictive practice and this had resulted in over reporting.

13. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
The registered provider has met with the PIC and staff on 03/12/15. Restrictive practices and what constitutes a restrictive practice were discussed at this team meeting, and will be on the agenda for all team meetings in the future. Restrictive practice will continue to be monitored by the PIC and registered provider. The PIC will ensure that the Policy on the implementation of positive behaviour support and the use of restrictive practice will be on the agenda of team meetings in the future.

Proposed Timescale: 14/01/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Centre managers did not notify the Authority on a six monthly basis when no notifiable notifications had occurred.

14. Action Required:
Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that the Authority will be notified on a six monthly basis where no notifiable incidents have occurred.

Proposed Timescale: 31/01/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose stated that the centre provided a day care service but this was not the case.

There was a facility for emergency admissions in the statement of purpose and function, but managers were unclear if this was exclusive to children currently availing of the service.

The statement of purpose and function contained information about current residents that was unnecessary.

The statement of purpose and function did not adequately set out the criteria for admission to the centre.

The premises was suitable for one wheelchair user at any given time but this limitation was not accurately reflected in the statement of purpose and function.

The limited outdoor recreational facilities in the centre meant that it was suitable for the provision of short-term respite care placements and that the statement of purpose and function should not be amended into the future to cater for full-time residential care placements.

15. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The registered provider has ensured that the Statement of Purpose has been reviewed addressing the following, criteria for admission including emergency admission, number of wheelchair users that can avail of the Service on any given night and that it is for short term respite placement. All unnecessary information has been removed.

Proposed Timescale: 24/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Monitoring and quality assurance of centre records by the centre manager was not always evident.

16. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The registered provider will ensure that the centre manager monitors quality assurance of centre records, evident by signing off when reviewed on a monthly basis.

Proposed Timescale: 12/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff supervision and performance management systems were not in place at the time of the inspection.

Staff meetings were not routine in the centre.

17. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
The registered provider and the PIC have met with staff and discussed the supervision policy at the staff team meeting on 14/01/16. The registered provider and PIC will develop a plan for staff supervision to commence in February 2016. A staff team meeting was held on 03/12/15, and 14/01/16 and these meetings will be scheduled on a 4 – 6 week basis going forward.

Proposed Timescale: 29/02/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The resources required for the centre were undetermined as the statement of purpose was not adequate in relation to the age and criteria for admission to the centre.

18. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The registered provider and the PIC have reviewed staffing levels and the rosters now reflect the sleepover staff required for the safe and effective running of the Service. The age range of the children is now identified in the statement of purpose, and also the criteria for admission to the centre.

Proposed Timescale: 04/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The requirement of a second member of staff each night was not considered in the overall number of staff required to safely operate the centre.

19. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The registered provider has ensured that a second member of staff is now included on the roster when required at night in order to provide safe levels of cover at night.

Proposed Timescale: 04/04/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Formal supervision of staff was not taking place.

20. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
The PIC and registered Provider discussed the Supervision Policy at a team meeting on 14/01/15. A plan for formal supervision will be developed by the registered provider and PIC and supervision will commence in February 2016.

Proposed Timescale: 29/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training for designated liaison person's under Children First (2011) had yet to be sourced by the centre.

21. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The PIC and registered Provider have been sourcing DLP training since October 2015, and the most recent response from Tusla as of 06/01/16 is that The HSE is in the process of appointing DLP's in each community healthcare organisation. This cohort is being trained by the child and family agency between Tusla and the HSE. The HSE have advised that a team of training and development officers will be in post in Feb 2016, and will be working with HSE funded agencies around their children first training needs to include DLP training. The PIC will contact Tusla to request an information session for staff on the role of the DLP.

Proposed Timescale: 31/03/2016